

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|---------------|--------|----------|
| FEE DETERMINATION | <i>OSmith</i> | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | S.B | 895 | 09-17-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-allowable
 = Allowed I Interference
 — (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

BEST AVAILABLE COPY

| Claim | Final | Original | Date |
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| 1 | ✓ | ✓ | ✓ |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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JC 900
8/1/81